601.5¢		PART B	- FEE(S)	TRANSMITTAL &	12.06		
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appropriate All further con	below or directed otherwise	Smitting the ISSU Patent, advance of in Block 1, by (a	ders and notification of the specifying a	fication of maintenance for new correspondence add	required). Blocks 1 through 5 ees will be mailed to the curre dress; and/or (b) indicating a so	nt correspondence address as parate "FEE ADDRESS" for	
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09/25/2006 WABDELR3 00000078 503213 10829099 G. Gregory Schivley (Depositor's name							
01 FC:1501 1400.0 02 FC:1504 300.0 03 FC:8001 15.0			Septemb	er21/ 1/2006	(Signature)		
APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/829,099 04/21/2004 Norio Imaoka 9319S-000768 6003 TITLE OF INVENTION: REFLOW DEVICE							
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	10/05/2006	
EXAMINER AR		ART UN	IIT CLASS-SUBCLASS				
EDMONDSON, LYNNE RENEE 1725 219-395000							
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 							
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Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the pa	etent): 🗖 Individual [Corporation or other private g	group entity Government	
☐ Issue Fee ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3213 (enclose an extra copy of this form).			
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